

54 HOUR LIMIT WORKSHEET

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| PROGRAM NAME: | AUDIT PERIOD: |
| EMPLOYEE NAME: | MONTH/YEAR: |
| WORK WEEK: | |
| | |

| WEEK START | WEEK END | TOTAL HOURS WORKED | TOTAL HOURS ALLOWED | TOTAL HOURS DISALLOWED |
|---------------|-------------|--------------------------|---------------------------|------------------------------|
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| TOTALS | | | | |

COMMENTS: *(Comments must be completed for any hours disallowed)*